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**RECEIVED  
CENTRAL FAX CENTER**

**FEB 16 2005**

**FAX COVER SHEET**

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TO: Examiner Duc Chi Ho  
U.S. Patent and Trademark Office

FROM: Joseph M. Barich

DATE: February 16, 2005

TELECOPY NUMBER: (703) 872-9306

CLIENT NO. 1021 - 11521US02

Number of Pages This Transmission (Including Cover Page: Ten (10)

|   |  |  |  |
|---|--|--|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> |  | Docket Number (Optional)<br><b>11521US02</b> | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b> |
| Application Number <b>09/912,990</b>  |  | Filed <b>July 25, 2001</b>                   | <b>FEB 16 2005</b>                           |
| For <b>APPARATUS AND METHOD FOR SYMBOL ALIGNMENT IN A MULTI-POINT OFDM/DMT DIGITAL COMMUNICATIONS SYSTEM</b>  |  |  |  |
| Art Unit <b>2665</b>  |  | Examiner <b>Duc Chi Ho</b>                   |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <u>Fee</u> | <u>Small Entity Fee</u> |       |
|---|------------|-------------------------|-------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120      | \$60                    | \$120 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$450      | \$225                   | \$    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1020     | \$510                   | \$    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1590     | \$795                   | \$    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2160     | \$1080                  | \$    |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-0017. I have enclosed a duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.


☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. 42,291

  
 Signature  
 Joseph M. Barich

February 16, 2005  
 Date  
 312-775-8000  
 Telephone Number

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.